U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

Rec'd

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:
01/01/2004 Through: [2]/3]/20014
Name, file number, and address of labor organization.
Name AFL-CIO
Labor Organization File Number 000/06
P.O. Box, Building and Room Number, if any
Street 815 16# 5+., N.W.
CHy Washington, DC
State ZIP Code + 4 20006
lsst,
derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
7.a. Nature of Interest, Transaction, or Income.
7.b. Amount.
7.b. Amount
7.b. Amount
7.b. Amount.
7.b. Amount.

Name of Person Filling Elizabeth N. Maid	any Fi	le Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name McLaushin Company	S		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer	ļ	
Street 1725 De Sales St.			
City Washington, DC			
State ZIP Code +4 2003 6			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	mourance	provider	
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of	of such dealing.	
City	12.a. Nature of interest held o		
State ZIP Code + 4	lunch - 1/2	23/04	
	12.b. Amount.	45.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
40 L L L D. (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	445 4		
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filling Elizabeth N. Mai ora	Pile Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or frectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Housing Investment lanst	50	Ę
Trade Name, if any:	a. Labor Organization b. Trust	ļ
P.O. Box, Bldg., Room No., If any Suite 707	c. Employer	
Street 1717 K St., NW	C. Chiployo	
civ Washington, DC		
State ZIP Code + 4 2003 6		
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	muistment	STATE OF THE PARTY
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	unknown
City		
VII)	12.a. Nature of interest held or income received.	
State ZIP Code + 4	2/20/04 - ylowers	
		unknown
	2/20/04 - flowers 12.b. Amount. or parts A and B above)	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	2/20/04 - flowers 12.b. Amount. or parts A and B above)	unknown
State ZIP Code + 4 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	2/20/04 - plawers 12.b. Amount. or parts A and B above) or other thing of value.	unknown

Page 3 of 9

Name of Person Filling Elizabeth N. Maiora	any File Number U-	<u></u>
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name McLaushin Company	\	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1725 De Sales St. N.W	Townsel Co.	
city Wyshington, De		
State ZIP Code + 4 2003 6		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Insurance provider	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	unknown
City	12.a. Nature of interest held or income received.	And the second s
State ZIP Code + 4	denser -3/6/04	
	12.b. Amount.	(62.00)
C. Received from any employer (other than an employer covered und		
or from any labor relations consultant to an employer any payment of money	14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		A CONTRACTOR OF THE CONTRACTOR
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Form LM-30 (2003)

Name of Person Filing Elizabeth N. Maioro	iny l'	ile Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name McLaushin Company		
Trade Name, If any:	a. Labor Organization	n
P.O. Box, Bldg., Room No., if any	c. Employer	
street 1725 De Sales St., NW	Accommend -	
city Washington, BC		
State ZIP Code + 4 2003 (g		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name	insurance	provider
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value	of such dealing. UNEROWN
City	12.a. Nature of interest held	
State ZIP Code + 4	lunch	8/5/04
	12.b. Amount.	54.00
C. Received from any employer (other than an employer covered under	r parts A and B above)	54.00
or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	54.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above)	54.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.	54.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.	54.00
or from any labor relations consultant to an employer arry payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.	54.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	r parts A and B above) or other thing of value.	54.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	r parts A and B above) or other thing of value.	54.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	r parts A and B above) or other thing of value.	54.00

Name of Person Filing Elizabeth N. Maior	any File Number U.		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name McLaugh in Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1725 De Sales St., N.W City Washington, DC State ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing. Woundance provider		
P.O. Box, Bldg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of Interest held or income received.		
State ZIP Code + 4	08/09/04 - duner		
State ZIP Code + 4	12.b. Amount. 53.00		
	12.b. Amount. 53.00		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. 12.b. Amount. 153,00		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. 12.b. Amount. 153,00		

Name of Person Filing Elizabeth N. Maiorai	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name MC Laugh in Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1725 DeSales St., N.W City Washington, DC State ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	mourance provid	er	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.	unknown	
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Junch - 10/14/C	4	
	12.b. Amount.	45.00	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
BABABARA N. W [PROBLEM STREET STR	[] [[[[[[[[[[[[[[[[[[
P.O. Box, Bidg., Room No., If any			
Street Street			
Street			

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<i>N</i>	
Name of Person Filing Elizabeth Maiorany	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mc Laugh in Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1725 De Sales St., N.W. City Washington, DC State ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	thourance provider
Street	
City	11.b. Approximate dollar value of such dealing.
State ZiP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount. 45.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filling Elizabeth N. Maioran	y	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valid substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	3	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank			
Trade Name, if any:	a. Labor Organizat	tion	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 1825 K St., N.W.			
city Washington.DC			
State ZIP Code + 4 2.0006			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	Marie Control of the
Name	Banking	¿ services	outsimpo a common a c
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any	ritalipatingna wikipating		
Street	11.b. Approximate dollar valu	us of such dealing	nown
City	12.a. Nature of interest hek		ne way
State ZIP Code + 4	ww- 12)	104	
	12.b. Amount.	u	Known
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			e de de la companya d
Trade Name, if any:			mange (Arthrey and Angele
P.O. Box, Bldg., Room No., if any			A COLOR CHARACTER AND
Street			Bor Bird Announced
City			
State ZIP Code + 4			

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